



17565

		<i>Complete if known</i>
		Application Number: 09/862,593
		Filing Date: May 23, 2001
		First Named Inventor: Dan A. Steinberg
		Group Art Unit: 1756
		Examiner Name: Kripa Sagar
Total Amt. of Payment: (1)+(2)+(3)=	\$9	Attorney Docket Number: Shipley 03-16

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TC 1700

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																	
1. The Commissioner is hereby authorized to: <input checked="" type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input checked="" type="checkbox"/> Credit overpayments to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		ADDITIONAL FEES Fee Description Fee Paid Surcharge-late filing fee or oath _____ Surcharge - late provisional filing fee or cover sheet _____ Extension for response within first month _____ Extension for response within second month _____ Extension for response within third month _____ Extension for response within fourth month _____ Notice of Appeal _____ Filing a brief in support of an appeal _____ Request for oral hearing _____ Petition to revive unavoidably abandoned application _____ Petition to revive unintentionally abandoned application _____ Issue fee _____ Petitions to the Commissioner _____ Petitions related to provisional applications _____ Submission of Information Disclosure Stmt. _____ Recording each patent assignment per property _____ Other fee (specify) <u>Advance Order (10 copies)</u> _____ Other fee (specify) _____ SUBTOTAL (3) \$0																	
FEE CALCULATION 1. FILING FEE Fee Description Fee Utility filing fee _____ Design filing fee _____ Plant filing fee _____ Reissue filing fee _____ Provisional filing fee _____ SUBTOTAL (1) \$0																			
2. Claims <table> <thead> <tr> <th></th> <th>Paid</th> <th>Extr</th> <th>Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>31</td> <td>-30</td> <td>= 1 x 9 = 9</td> </tr> <tr> <td>Independent Claims</td> <td>5</td> <td>-5</td> <td>= 0 x 42 = 0</td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> SUBTOTAL (2) \$9			Paid	Extr	Fee	Total Claims	31	-30	= 1 x 9 = 9	Independent Claims	5	-5	= 0 x 42 = 0	Multiple Dependent (First presentation)					
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Submitted By:

Typed or

Printed Name Niels Haun

Reg. Number 48,488

Signature Niels Haun

Date May 27, 2003

Deposit Account User ID
04-1406